

SECTION 1: GENERAL INFORMATION					☐ DSH COPY	☐ AGENCY COPY		NCY COPY
Position Number	Agency Code	Agency Name	Agency Name DIVISION OF STATE HUMAN RESOURCES					
Division/Section/Unit		City/County			Agency Code	Alphanumeric	Code	Slot
Employee Name		County Code	In Central Office?	Yes No	_	Authorized D	ate	
Current State Title		Alphanumeric Code	Slot	Band	☐ Delegated ☐ State Title Changes	☐ New Position	on	Prototype
Full/Part-Time Indicator	Supervisor State Title	Alphanumeric Code	Slot					
Hours Per Week	SOURCE OF FUNDING				Approved State Title			
Base Hours	State %	Federal %	_	Other %	Approval Signature			Date Approved
SECTION 2: REQUES	STED ACTION INFORMA	ATION					□ FLSA	Designation
Requested Action		Requested State Title		Alphanumeric Code				
Supervisor's Signature		Date Other Required Signature			Date			

SECTION 3: REQUIREMENTS, SKILLS and GUIDELINES (this section of the position description is to be completed by the supervisor)

1. What are the minimum requirements for the position (Minimum requirements must at least meet the state minimum requirements for classified classes but may include additional requirements)?

2. What knowledge, skills, and abilities are needed by an employee upon entry to this job including any special certification or license?

MISCELLANEOUS DATA

Employee Number

Position Dept. Number

SECTION 3: REQUIREMENTS, SKILLS and GUIDELINES (continued)

3. Describe the guidelines and supervision an employee receives to do this job, including the employee's independence and discretion.

4. Indicate additional comments regarding this position (e.g., work environment, physical requirements, overnight travel).

SECTION 4: JOB PURPOSE, FUNCTIONS and RESPONSIBILITIES

1. Job Purpose:

SECTION 4: JOB PURPOSE, FUNCTIONS and RESPONSIBILITIES (continued) 2. Job Functions:	Essential/ Marginal (E/M)	Percentag Of Time

page	4	of	4	



SECTION 4: JOB PURPOSE, FUNCTIONS and RESPONSIBILITIES (continued)

3. Position's Supervisory Responsibilities: If this position includes supervisory responsibilities, please indicate the state title and number of positions of the three highest subordinates. STATE TITLE NUMBER # of employees directly supervised: Total # of employees supervised: 4. Comments: **SECTION 5: CERTIFICATION** All of the information on the position description is an accurate and complete description of this job. Employee's Signature Date

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